

Article - Health - General

[\[Previous\]](#)[\[Next\]](#)

§5–608.1.

(a) In this section, “health care facility” means:

- (1) An assisted living program;
- (2) A home health agency;
- (3) A hospice;
- (4) A hospital;
- (5) A kidney dialysis center; or
- (6) A nursing home.

(b) (1) (i) The Department, in conjunction with the Maryland Institute for Emergency Medical Services Systems and the State Board of Physicians, shall develop and revise periodically a “Medical Orders for Life–Sustaining Treatment” form and instructions for completing and using the form.

(ii) The “Medical Orders for Life–Sustaining Treatment” form and the instructions for its completion and use shall be developed in consultation with:

1. The Office of the Attorney General;
2. The State Board of Nursing;
3. The State Advisory Council on Quality Care at the End of Life; and
4. Any other individual or group the Department determines is appropriate.

(2) The “Medical Orders for Life–Sustaining Treatment” form developed under paragraph (1) of this subsection shall be suitable for containing a physician’s, physician assistant’s, or nurse practitioner’s written medical orders relating to a patient’s medical condition, including:

- (i) The use of life–sustaining procedures;
- (ii) The use of medical tests;
- (iii) Transfer of the patient to a hospital from a nonhospital setting; and
- (iv) Any other matter considered appropriate by the Department to implement treatment preferences and orders regarding life–sustaining treatments across health care settings.

(3) The “Medical Orders for Life–Sustaining Treatment” form is not an advance directive.

(c) (1) A health care facility shall:

(i) 1. Accept a completed “Medical Orders for Life–Sustaining Treatment” form during the admission process for each patient being admitted to the health care facility; and

2. Update the form as indicated in the instructions for the completion and use of the form; or

(ii) Complete a “Medical Orders for Life–Sustaining Treatment” form:

1. For a health care facility that is not a hospital, during the admission process for each patient being admitted to the health care facility; or

2. For a hospital, during an inpatient hospital stay for patients who are being discharged to another health care facility.

(2) When a health care facility updates or completes a “Medical Orders for Life–Sustaining Treatment” form under paragraph (1) of this subsection, the health care facility shall:

(i) Offer the patient, health care agent, or surrogate decision maker the opportunity to participate in updating or completing the form;

(ii) Note in the medical record when a patient, health care agent, or surrogate decision maker declines to participate in updating or completing the form, indicating the date and with whom the form was discussed;

(iii) On request of the patient, offer any physician, physician assistant, or nurse practitioner selected by the patient the opportunity to participate in updating or completing the form; and

(iv) Inform the patient, health care agent, or surrogate decision maker that the form will become a part of the patient's medical record and can be accessed through the procedures used to access a medical record.

(3) Except as provided for a treatment that has been certified as medically ineffective in accordance with § 5–611 of this subtitle, the “Medical Orders for Life–Sustaining Treatment” form shall be consistent with:

(i) The known decisions of:

1. The patient if the patient is a competent individual;
or

2. A health care agent or surrogate decision maker as authorized by this subtitle; and

(ii) Any known advance directive of the patient if the patient is incapable of making an informed decision.

(d) (1) A health care provider other than a health care facility may choose to use a “Medical Orders for Life–Sustaining Treatment” form.

(2) A health care provider who chooses to use a “Medical Orders for Life–Sustaining Treatment” form shall offer a patient, health care agent, or surrogate decision maker the opportunity to participate in the completion of the form.

(e) The original or a copy of a “Medical Orders for Life–Sustaining Treatment” form shall:

(1) Be kept by a health care provider in the patient's medical record;

(2) Physically accompany the patient or be transmitted electronically or by facsimile in accordance with the instructions for the use of the form when the patient is transferred to a health care facility; and

(3) Be given to the patient, health care agent, or surrogate decision maker within 48 hours of completion of the form or sooner if the patient is transferred or discharged.

(f) Except as provided in § 5–611 or § 5–613 of this subtitle, a health care facility shall comply with all medical orders contained in a “Medical Orders for Life–Sustaining Treatment” form regardless of whether the physician, physician assistant, or nurse practitioner who signed the form has admitting privileges or is otherwise credentialed at the health care facility.

(g) In the event of a conflict between more than one “Medical Orders for Life–Sustaining Treatment” form, the most recent form shall be followed.

(h) A health care provider may rely in good faith on the presumed validity of a “Medical Orders for Life–Sustaining Treatment” form.

(i) (1) The Department shall adopt regulations that specify the “Medical Orders for Life–Sustaining Treatment” form and the instructions for the completion and use of the form that are developed as required by subsection (b) of this section, including instructions on how a “Medical Orders for Life–Sustaining Treatment” form is revised or revoked.

(2) Regulations adopted under paragraph (1) of this subsection shall be consistent with the Health Care Decisions Act.

(j) The Department shall make the “Medical Orders for Life–Sustaining Treatment” form and the instructions for the completion and use of the form, including instructions on how the form is revised or revoked, available on its website and may print and distribute the form, the instructions, and training materials.

[\[Previous\]](#)[\[Next\]](#)